



Victim Compensation Program Materials Request Form

Send completed forms to: Victim Compensation and Government Claims Board
PO Box 48, Sacramento, CA 95812-0048
Or fax to: 916-323-4626 Attn: Planning and Publications

ORGANIZATION NAME		DATE
MAILING ADDRESS	REQUESTED BY	
CITY	STATE	ZIP
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	

TITLE	QUANTITY
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VICTIM INFORMATION

VICTIM APPLICATION FOR CRIME VICTIM COMPENSATION (FORM VCGCB-100SE)	
FAMILY MEMBER OR DEPENDENT VICTIM APPLICATION FOR CRIME VICTIM COMPENSATION (FORM BC-VOC-100-A)	
VICTIMS OF VIOLENT CRIME GENERAL INFORMATION BROCHURE	
YOUR RIGHT TO APPEAL BROCHURE	
LAW ENFORCEMENT JOB-AID	
VCP BILINGUAL POSTER (VIOLENCE HURTS EVERYONE)	
VICTIM COMPENSATION CONNECTION NEWSLETTER	

RESTITUTION INFORMATION

RESTITUTION FOR VICTIMS BROCHURE	
RESTITUTION RESPONSIBILITIES FOR OFFENDERS BROCHURE	
QUICK REFERENCE SHEET (JUVENILE RESTITUTION FINES/ORDERS)	
QUICK REFERENCE SHEET (ADULT RESTITUTION FINES/ORDERS)	
CALIFORNIA JUDGES BENCH GUIDE (# 83 REV. 2005)	
RESTITUTION ISSUE MATRIX	
RESTITUTION TOOL KIT CD (UNIVERSAL RESTITUTION SAMPLE MOTIONS, POINTS AND AUTHORITIES, ETC.)	

OTHER

VCGCB ANNUAL REPORT (SPECIFY YEAR OR CURRENT)	
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